



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

RECEIVED

MAR 16 2009

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

FEE REC'D
03-12-2009

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY

CHANGE No. CS4-SWC 7742 @ 2 WRIA 47

DATE ACCEPTED 03/25/09 BY [Signature]

FEE \$ 50.00 REC'D 03/12/2009

CHECK No. 1278

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

\$50 fee OK - EG 3.16.09

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Michael + Martha Buckingham</u>	PHONE NO. <u>(509) 784-1325</u>	FAX NO. <u>()</u>
ADDRESS <u>P.O. Box 384</u>		
CITY <u>Entiat</u>	STATE <u>Wa.</u>	ZIP CODE <u>98822-0384</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. <u>()</u>	FAX NO. <u>()</u>
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>CS4-SWC 7742 @ 1</u>	RECORDED NAME(S) <u>Michael + Martha Buckingham</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

DEPT OF ECOLOGY
FISCAL BUDGET
09 MAR 17:55

FOR OFFICE USE ONLY			
APP. NO. <u>14807</u>	PERMIT NO. <u>12042</u>	CERT. NO. <u>07742</u>	CERT. OF CHANGE NO. _____
<u>Jm COLLINS</u>			

ECY 040-1-97 (Rev. 07/08) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

CS4-SWC 7742 @ 2

2. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River								No
1000ft N and 600ft. E of the west 1/4 corner				2	27N	23E		

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Same								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.47cfs	49.46	May 1 - Oct 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
parcels # 272303140050 272302230150							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		2	27N	23E	Chelan	multiple	9.0
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
parcels # 272302230200 272302230150							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		2	27N	23E	Chelan	multiple	8.7
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:


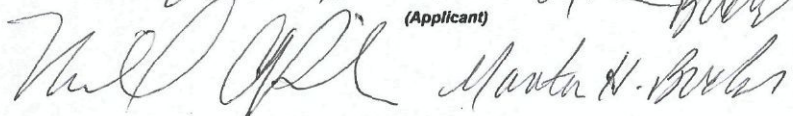
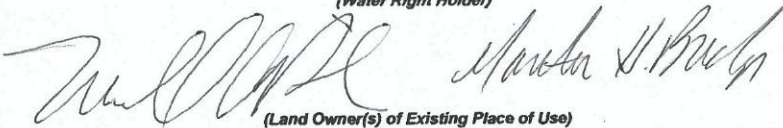
We have put all 17.7 acres into a water trust. (enclosed)
However, only 9 acres have had the pt. of diversion changed.
We need to complete the 8.7 acres to provide continuity
for our land.
IF FOR SEASONAL OR TEMPORARY, START DATE <u> / / </u> END DATE <u> / / </u>

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

	3, 9, 2009
(Applicant)	(Date)
	3, 9, 2009
(Water Right Holder)	(Date)
	3, 9, 2009
(Land Owner(s) of Existing Place of Use)	(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: / /